



# STAND

## Membership Application

**ANNUAL MEMBERSHIP DUES ARE \$30**

STAND

<http://stand.delaware.gov/>

Name and Title:

Agency or Company

Street Address:

City:

State:

Zip Code:

Phone:

E-mail Address:

State Location Code (applicable for state employees):

Today's Date:

(\$30 membership dues are valid from September 1 to the following August 31)

Total Amount:

Check Number:

General Meetings are bi-monthly <http://stand.delaware.gov/meetings.shtml>

Please check one: ☐ I am joining S.T.A.N.D. for the first time.  
☐ I am renewing my membership.

\*\*I was introduced to STAND by:

Do you agree to allow your membership information to be included in the STAND Membership Directory? ☐ Yes ☐ No

**Please make check payable to STAND and identify the person(s) for whom the fee is being paid.**

**MAIL TO:**



**Adrienne Spiegelman, STAND President**  
327 Lisa Ct.  
Smyrna, DE 19977  
Phone: 302 672 5030  
Fax: 302 739 2219